



## Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Tuesday, April 29, 2014. Our volunteers work one on one with an assigned camper each week. Therefore, we have a limited space each week for volunteers. We expect to need between 35 - 40 volunteers each week. You will be notified by the end of May regarding your week assignments.

- ☐ "Volunteer Application Form" filled out **COMPLETELY** by Applicant
- ☐ "Volunteer Health Form" filled out **COMPLETELY** by Applicant.
- ☐ Your **MOST RECENT** (within 2 years of requested sessions end) Physical and Immunization Form (computer printout from physician).  
**Please confirm that your immunizations are current with your health care provider.**
- ☐ Completed Essay (*First year applicants only.*)
- ☐ SORI and CORI Forms (State mandates you include last 6 digits of Social Security # where noted on CORI.)
- ☐ **MANDATORY PHOTO ID • DO NOT cut the ID/photo - please leave on 8-1/2 x 11 sheet.**  
The State has mandated that we require a Government issued Picture ID of all Volunteer's/CIT's and Staff.  
(Ex: Drivers License, Passports, Student ID, Alien Reg. Card, Employment Author. Card, US Military ID Card)  
\* Please contact us if you have a question about acceptable ID's.

There will be a **MANDATORY** meeting for all **New** Arrowhead Volunteer Applicants at the Cole Center on **Sunday, May 4 from 10:00 am to 12:00 noon.**

Please answer the following essay questions on a separate piece of paper, in two to three paragraphs, and submit it along with the Volunteer Application form.

**What experiences, if any, have you had that would be helpful in working with children and adults with special needs?**

**What qualities do you think you can bring to the program to make it better?**

**What do you want to get out of Camp Arrowhead this summer?**

Please mark these important dates below on your calendar. Attendance is mandatory for volunteers.

- **May 4 • New Volunteer Meeting at Cole • 10:00 am - noon**
- **June 26 and 27 • Training at Arrowhead for All Volunteers • 10:00 am - 3:00 pm**

**Please keep this sheet for MANDATORY meeting information.**



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## CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 and above.)

Applications will **NOT** be accepted without a copy of your **most recent** Physical and Immunization Printout dated within 2 years from your requested camp end date and your completed Essay.

**PLEASE NOTE: AS PART OF THE APPLICATION PROCESS, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT NOT THE PARENT/GUARDIAN.**

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip

E-Mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### Minimum 2 Week Availability Required

Please check off sessions desired in order of preference.

Dates	Pref.	Dates	Pref.
<input type="checkbox"/> Session 1 • June 30 - 3	_____	<input type="checkbox"/> Session 4 • July 21 - 26	_____
<input type="checkbox"/> Session 2 • July 7 - 11	_____	<input type="checkbox"/> Session 5 • July 28 - August 1	_____
<input type="checkbox"/> Session 3 • July 14 - 18	_____	<input type="checkbox"/> Session 6 • August 4 - 8	_____

**Residential Camp Week** *\*This is based on Volunteers Performance record at Day Camp and previous Residential Experience.*

☐ August 15 - 19 (Friday - Tuesday)

Please list below any specific training and/or certified skills that you have received that would help you in this position. (i.e., educational courses, workshops, CPR, First Aid, Skill, Sign Language, etc.)

Type Of Training/Certified Skills	Year
_____	_____
_____	_____
_____	_____

Swimming Ability: ☐ Confident Swimmer ☐ Not Confident ☐ Not a Swimmer

Do you have any previous experiences in this program or others related to the position you are applying for?  
If so, list each position, year and reference (i.e., babysitting, volunteer work, child care, etc.)

Type of Service	Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

I volunteer to assist in the \_\_\_\_\_ program and will work to the best of my ability.  
I have filled out the above information to the best of my knowledge.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my child permission to Volunteer in this program and will assume full responsibility in the event that any injury may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years)

# CAMP ARROWHEAD VOLUNTEER HEALTH FORM

## General Information

<input type="checkbox"/> Volunteer	Session(s) #	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Residential <input type="checkbox"/>
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Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering • Fall 2014 \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work # (\_\_\_\_) Cell # (\_\_\_\_)

Fathers Name: \_\_\_\_\_ Work # (\_\_\_\_) Cell # (\_\_\_\_)

### Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts)

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Health Plan/HMO: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

**IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1**

Please check here if your child will need medication(s) to be administered at Camp ☐

Name of Medications: \_\_\_\_\_

## Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18, parent or guardian)



# Natick Recreation and Parks Department

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## COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD

### REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's Name: \_\_\_\_\_ Jonathan Marshall

Address: \_\_\_\_\_ 1500 Worcester Road • #219  
Framingham, MA 01702

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requested by: \_\_\_\_\_ Jonathan Marshall  
Signature of SORI Authorized Employee Jonathan Marshall, Director • NRPD

I hereby request that the following information be used to determine whether the individual identified below is a sex offender required to register in Massachusetts.

\*\*\*\*\*

### COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

Subject's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Address: \_\_\_\_\_  
Please DO NOT use PO Box Numbers

\_\_\_\_\_  
Town, State and ZIP

#### Personal Identifying Characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other Information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

#### \*\*\*\*\*WARNING\*\*\*\*\*

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



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## OFFICE ADMIN TO FILL IN

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Arrowhead | <input type="checkbox"/> Woodtrail |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Staff     |

NRPHS  
172G  
G

## CHAPTER 6 § 172G CORI REQUEST FORM

Natick Recreation and Parks Department is requesting all the available criminal offender recorded information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172G, which mandates operators of **camp**s for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

**A GOVERNMENT ISSUED PHOTO ID MUST ACCOMPANY THE CORI FORM.**  
**Note: A drivers license, passport or school ID are all acceptable types of photos.**  
**Please leave copied photo on an 8-1/2" x 11" piece of paper..... DO NOT CUT.**  
**If no picture ID - A Birth Certificate will be accepted**  
**CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S**

## EMPLOYEE/VOLUNTEER INFORMATION

(PLEASE PRINT IN INK - NOT PENCIL)

\_\_\_\_\_  
Last Name First Name\* Middle Name  
(\*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Current Address: \_\_\_\_\_  
Please DO NOT use PO Boxes  
\_\_\_\_\_

\_\_\_\_\_  
**Applicants** Maiden Name or Alias (If Applicable)

\_\_\_\_\_  
**Mothers** Maiden Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
**Last 6 Digits of Social Security Number**  
(Required by Massachusetts Dept of Criminal Justice)

\_\_\_\_\_  
Place of Birth  
(Town/City)

\_\_\_\_\_  
ID Theft Index PIN  
(If Applicable)

Sex: M ☐ F ☐ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Former Addresses: \_\_\_\_\_  
Street (Please DO NOT use PO Boxes) Town ST Zip  
\_\_\_\_\_  
Street (Please DO NOT use PO Boxes) Town ST Zip

State Driver's License Number: \_\_\_\_\_  
State Number

Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee Jonathan Marshall, Director • NRPD

**COMPLETED FORM w/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT**

### Staff Use Only

The above information was verified by reviewing the following form of government issued photographic

Identification: \_\_\_\_\_  
ID Type Staff Initials Date